


BAR CODE LABEL  		<h1 style="margin: 0;">U.S. PATENT APPLICATION</h1>			
SERIAL NUMBER  08/462,355	FILING DATE  06/05/95	CLASS  435	GROUP ART UNIT  1807		
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>ROGER COLEMAN, MOUNTAIN VIEW, CA; JANICE AU-YOUNG, BERKELEY, CA; OLGA BANDMAN, MOUNTAIN VIEW, CA; JEFFREY J. SEILHAMER, LOS ALTOS HILLS, CA.</p> <p><b>**CONTINUING DATA*****</b> VERIFIED</p> <p>_____</p> <p><b>**FOREIGN/PCT APPLICATIONS*****</b> VERIFIED</p> <p>_____</p> <p>FOREIGN FILING LICENSE GRANTED 11/29/95</p> </div> </div>					
STATE OR COUNTRY  CA	SHEETS DRAWING  7	TOTAL CLAIMS  11	INDEPENDENT CLAIMS  2	FILING FEE RECEIVED  \$860.00	ATTORNEY DOCKET NO.  PF-0040-US
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>BARBARA J LUTHER            INCYTE PHARMACEUTICALS            3174 POTER DRIVE            PALO ALTO CA 94304</p> </div> </div>					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>A C5A-LIKE SEVEN TRANSMEMBRANE RECEPTOR</p> </div> </div>					
<p>This is to certify that annexed hereto is a true copy from the records of the United States Patent and Trademark Office of the application which is identified above.</p> <p>By authority of the          COMMISSIONER OF PATENTS AND TRADEMARKS</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Date</span> <span>Certifying Officer</span> </div>					



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Bib Data Sheet

CONFIRMATION NO. 7494

SERIAL NUMBER 08/462,355	FILING DATE 06/05/1995  RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF-0040-US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/29/1995

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

ISOLATED NUCLEIC ACID ENCODING A C5A-LIKE SEVEN TRANSMEMBRANE RECEPTOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
RECEIVED 944	No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )

944

<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit